



ACCESS FOR

INFANTS AND

MOTHERS

1998 FACT BOOK

MANAGED RISK MEDICAL INSURANCE BOARD

Prepared by
Nora Nario, RN

Data Support
Sina Shaahinfar

Technical Support
Brian Lentsch, Thien Lam, Suzanne Larez

To request copies of this report or for questions about the AIM Program, please call the Managed Risk Medical Insurance Board at (916) 324-4695.

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OVERVIEW OF THE AIM PROGRAM

The California Access for Infants and Mothers Program (AIM) is a comprehensive health insurance plan subsidized by the state for uninsured pregnant women. The Program was designed to enable low-income women to secure maternal and child health care services at affordable rates through a state subsidy of the cost of private health insurance coverage. The Program was also designed to build on the existing system for financing and delivery of health care services and to reduce the incidence of negative delivery and birth outcomes of pregnant women.



The Program is targeted to serve families with incomes between 200 and 300 percent of the federal poverty level. The families who benefit from AIM are those who have no maternity insurance, who have health insurance with a high maternity-only deductible, and those who have incomes that are too high to qualify them for other forms of state assistance, such as Medi-Cal. AIM is not an entitlement program. The enrollment capacity is determined by the level of available funding.

The AIM Program provides comprehensive care for a pregnant woman throughout her pregnancy, for up to 60 days postpartum, and full health care services for her baby, including infant examinations and immunizations, up to his or her second birthday.

Milestones of the AIM Program since it became operational in February 1992 include:

- 1994: In February, enrollment was suspended for the remainder of the budget year due to the popularity of the Program and limited appropriation. Eligibility criteria were changed to target families with incomes between 200 and 250 percent of the federal poverty level (fpl).
- 1995: The AIM outreach program began television and radio interviews on local stations. In August, the income eligibility criteria were changed to target families between 200 and 300 percent of fpl.
- 1996: AIM outreach program began offering Continuing Education Units to insurance agents. The course, entitled, "Maternity Health Insurance," is offered free of charge to insurance agents throughout the state.
- 1997: The outreach program pursued greater collaboration with hospitals serving large numbers of uninsured women. English and Spanish versions of televised public service announcements were also developed.
- 1998: The AIM outreach website, with links to pregnancy related services, was developed.

WHO THE AIM PROGRAM SERVES

Women Eligible for the AIM Program

A woman is eligible for the AIM Program if she has been a California resident for at least six months and meets the following conditions:

- (1) Not more than 30 weeks pregnant at the time of application.
- (2) Does not qualify for no-cost Medi-Cal or Medicare benefits.
- (3) Does not have insurance coverage for pregnancy or has a separate maternity-only deductible or co-payment of more than \$500 on her insurance.
- (4) Family income is between 200 and 300 percent of the federal poverty level (fpl).



The chart below outlines the Program's income criteria and subscriber contribution based on family size.

Current AIM Program Income Criteria Based On Family Size
(Valid through April 1999)

Family Size *	Total Family Income 200% to 300% of federal poverty level	Amount of Subscriber Contribution for the first year of enrollment (for mother and baby) **
2	\$21,701 to \$32,550	Between \$434.02 and \$651.00
3	\$27,301 to \$40,950	Between \$546.02 and \$819.00
4	\$32,901 to \$49,350	Between \$658.02 and \$987.00
5	\$38,501 to \$57,750	Between \$770.02 and \$1,155.00
6	\$44,101 to \$66,150	Between \$882.02 and \$1,323.00
7	\$49,701 to \$74,550	Between \$994.02 and \$1,491.00
8	\$55,301 to \$82,950	Between \$1,106.02 and \$1,659.00
9	\$60,901 to \$91,350	Between \$1,218.02 and \$1,827.00
10	\$66,501 to \$99,750	Between \$1,330.02 and \$1,995.00

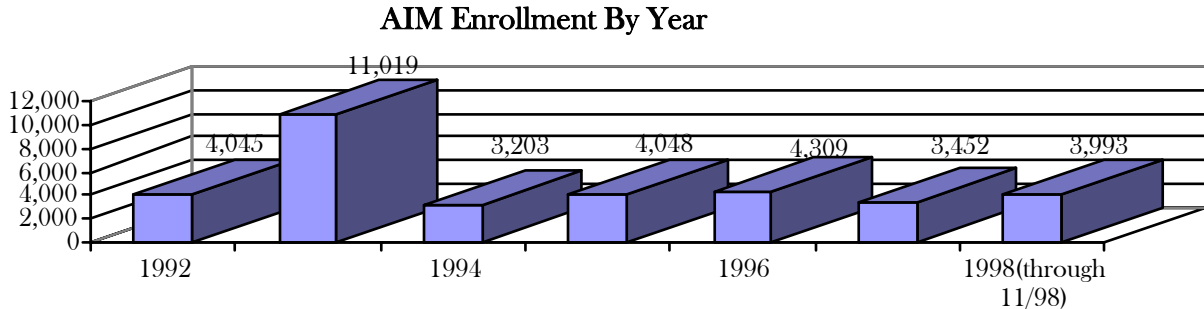
* A pregnant woman counts as a family size of two.

** Contribution is 2% of gross annual family income

AIM Enrollment Demographics

Enrollment

Since the first subscriber was enrolled in the AIM Program in February 1992, the AIM Program has served over 33,300 women and over 29,100 infants in the State of California.



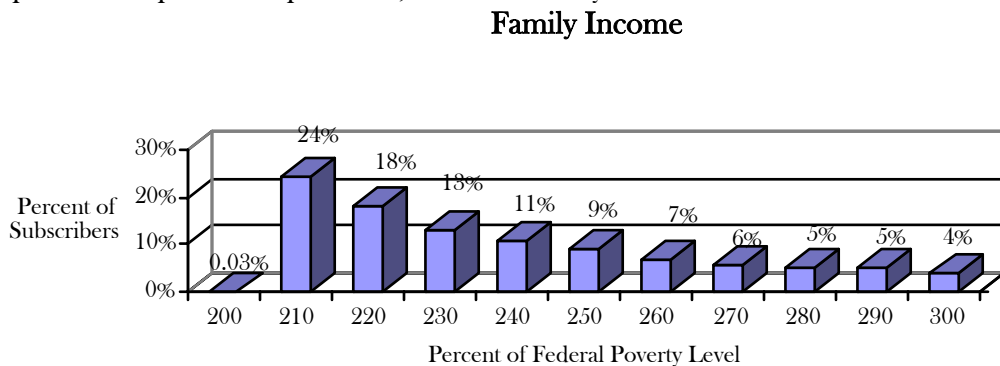
Source: AIM Enrollment Data 2/92 to 11/98

Due to the popularity of the Program, the AIM Program temporarily closed to new enrollment in February 1994 to stay within its budget allocation. Women and infants already enrolled at the time the Program closed remained enrolled and experienced no break in service.

The Program re-opened to new enrollment in September 1994. Concurrent with the re-opening, AIM Program eligibility was restricted to women with family incomes over 200 percent of the federal poverty level. Also concurrent with the change in the AIM income eligibility requirements, the Medi-Cal Program implemented a property waiver for eligibility determination related to pregnant women. Prior to these changes in AIM and Medi-Cal, women with family incomes of less than 250 percent of the federal poverty level were eligible for AIM; many of these women qualified for both Medi-Cal and AIM. Other women with incomes below 200 percent fpl were ineligible for Medi-Cal due to excess property or other assets.

Family Income

Within the income guidelines for AIM, the majority of subscribers have incomes between 200 and 250 percent of fpl. The average income of women enrolled in 1998 is 238 percent of fpl. This equals \$32,487 for a family of three.

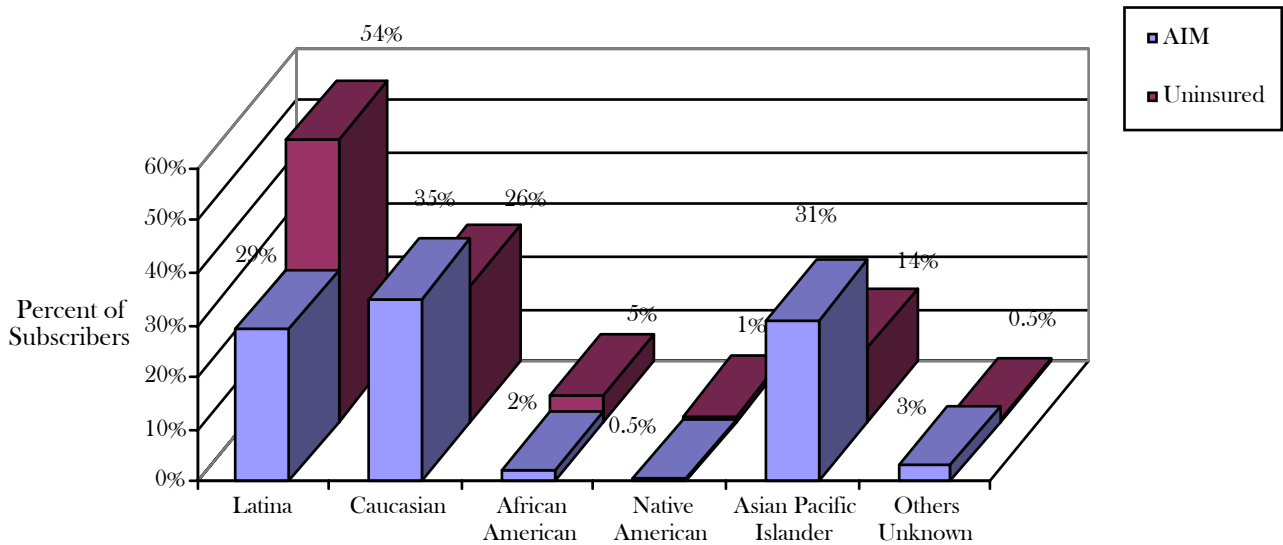


Source: AIM Enrollment Data: 1998

Ethnicity

The majority of AIM subscribers are Caucasian, while the largest percentage of pregnant women who are uninsured are Latina. It is not known how many uninsured pregnant women are income eligible for the AIM Program.

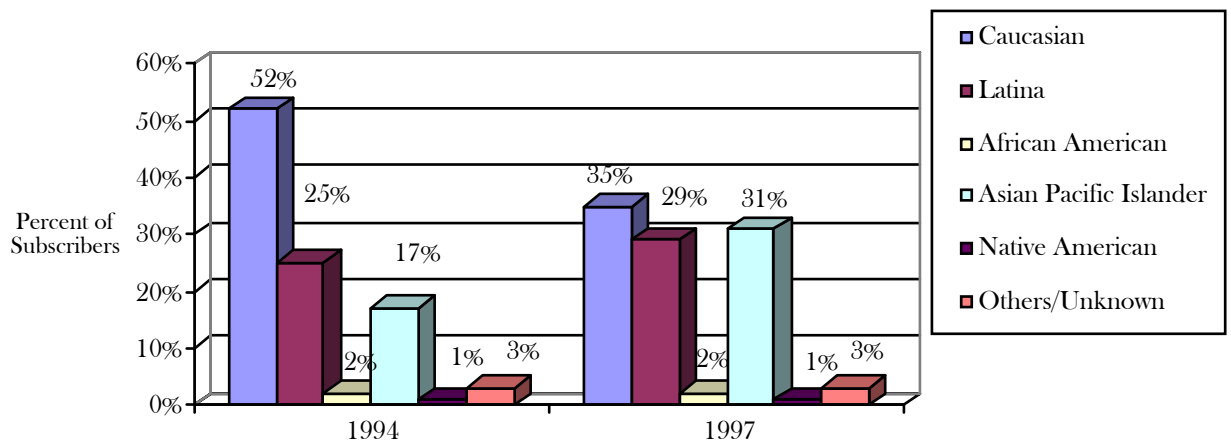
Ethnicity Comparison Between The AIM Program And Uninsured Pregnant Women In California



Note: Percentages may not add up to 100% because of rounding
Sources: 1997 AIM Enrollment Data and 1997 DHS Vital Statistics

The outreach activities used to attract more minorities to the AIM Program have achieved some success. The percentage of Latina and Asian Pacific Islander AIM subscribers has increased from 1994 to 1997.

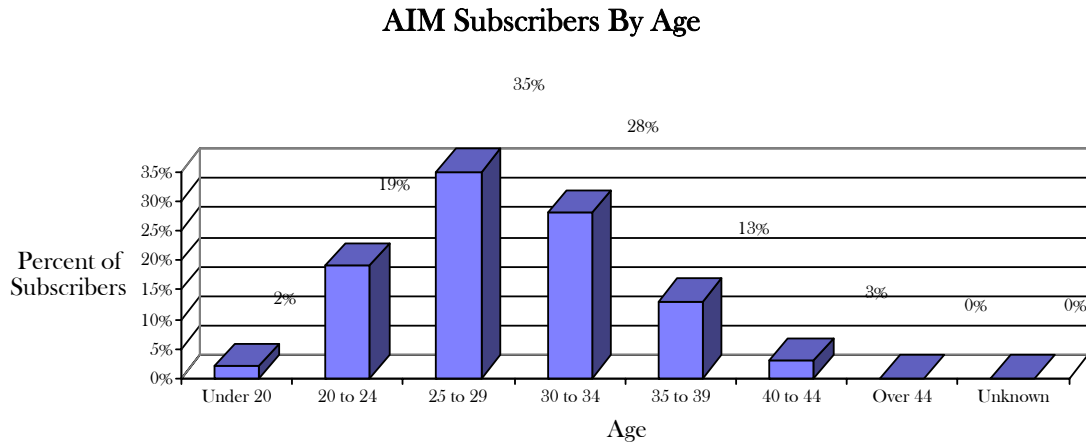
Ethnicity Comparison Of AIM Mothers: 1994 And 1997



Source: AIM Enrollment Data 1994 and 1997

Age

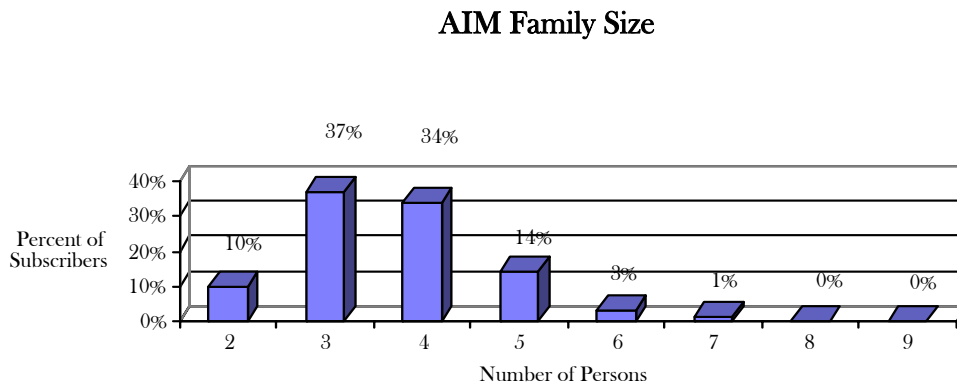
The age of the mother is an important demographic variable in terms of health risk. Some health status indicators such as the incidence of low birthweight babies and infant mortality rates are higher for teens and for women who are 40 years of age or older. Most of the mothers enrolled in the AIM Program are between the ages of 25 and 34, and are not at high risk for low birthweight infants or infant deaths, assuming that no other risk factors are present. The concentration of subscribers between the ages of 25 and 34 has not changed during the past four years of the Program.



Source: AIM Enrollment Data 1/96 to 9/98
Pregnancy Risk Assessment Monitoring System (PRAM), 1994

Family Size

Most AIM subscribers are in families of three and four. For the purposes of the Program, family size is determined by the number of children and parents (subscriber and father of children) living in the home. A pregnant woman and her unborn baby are considered a family of two.



Source: AIM Enrollment Data 1/96 to 9/98
Total Number of Subscribers: 11,081

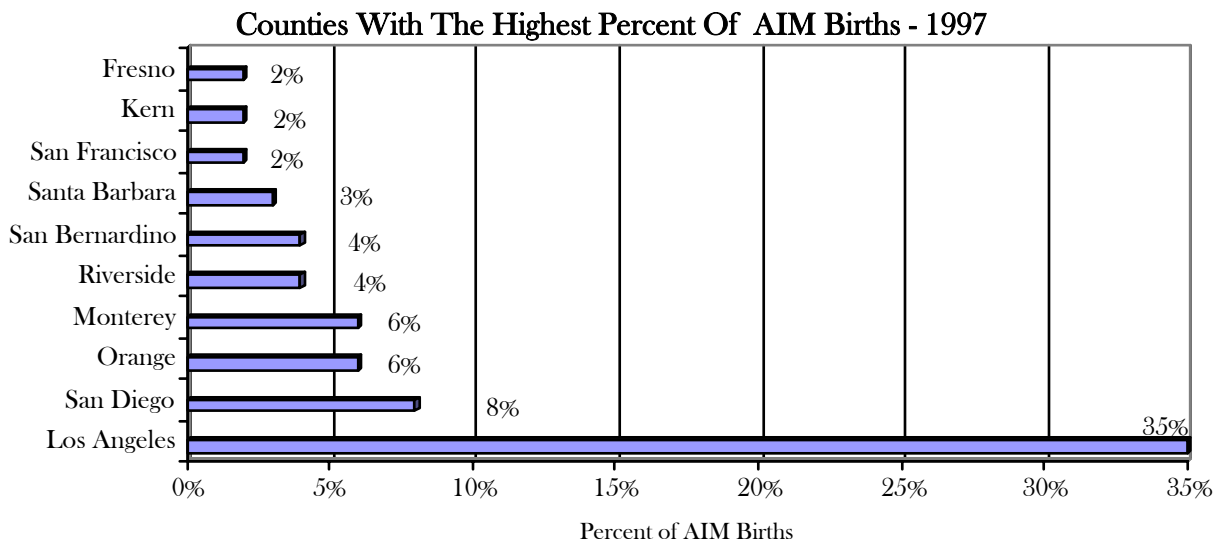
Geographic Distribution of AIM Subscribers



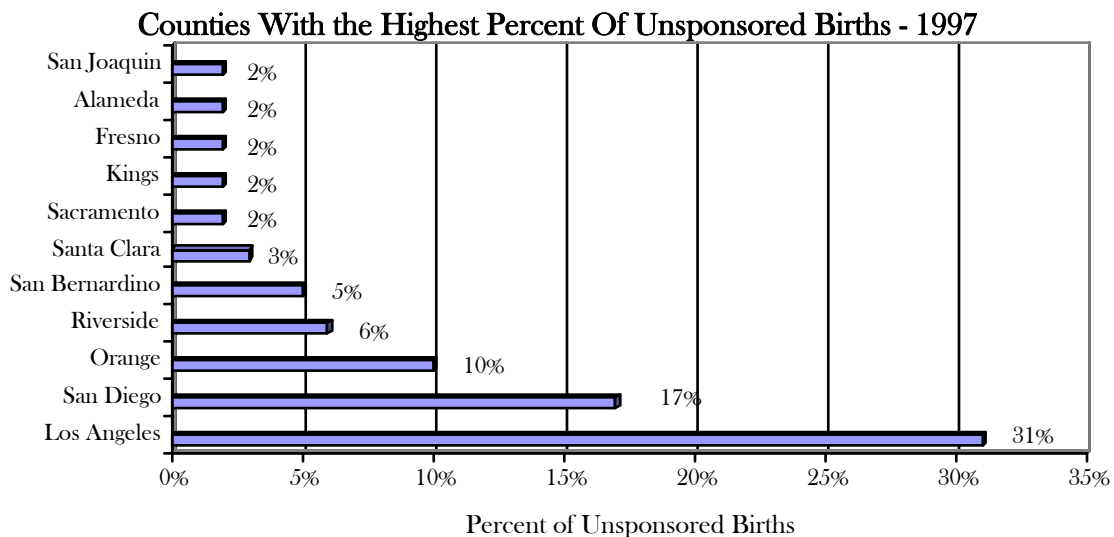
Geographic Distribution of AIM Births

Although most subscribers reside in Los Angeles, Orange, Riverside, Kern, San Bernardino and San Diego counties, the counties experiencing the highest percentage of AIM births are: Los Angeles at 35 percent, San Diego at 8 percent, Orange at 6 percent, Monterey at 6 percent, and Riverside at 4 percent of all AIM births.

A comparison of the distribution of AIM and uninsured births in California shows the AIM births are more broadly distributed throughout the state than uninsured births. Sixty-nine percent of all uninsured births are in five counties while only 59 percent of AIM births are in those same five counties.



Source: AIM Enrollment Data 1997



Source: DHS Vital Statistics, 1997

The chart on the following page shows the distribution of AIM births in California. Also presented are insured, uninsured and Medi-Cal births in California.

Note: The total births shown for California does not include births where the principal source of payment for prenatal care is other government sources. AIM births are included in the statistics as insured. The data presented in the chart is from the 1997 Department of Health Services, Vital Statistics and the 1997 AIM enrollment database.

Access For Infants and Mothers Program

COUNTY	AIM BIRTHS		INSURED BIRTHS		UNSPSD. BIRTHS		MEDI-CAL BIRTHS		TOTAL CALIFORNIA	
	#	%	#	%	#	%	#	%	#	%
Alameda	57	1.85	13759	5.09	353	1.81	6527	2.93	20766	3.96
Alpine	0	0.00	1	0.00	1	0.01	5	0.00	7	0.00
Amador	1	0.03	174	0.06	1	0.01	92	0.04	270	0.05
Butte	35	1.14	944	0.35	51	0.26	1237	0.56	2253	0.43
Calaveras	4	0.13	181	0.07	4	0.02	140	0.06	327	0.06
Colusa	3	0.10	93	0.03	10	0.05	204	0.09	307	0.06
Contra Costa	30	0.98	9128	3.38	240	1.23	2823	1.27	12294	2.35
Del Norte	3	0.10	102	0.04	7	0.04	206	0.09	324	0.06
El Dorado	15	0.49	1079	0.40	27	0.14	557	0.25	1666	0.32
Fresno	74	2.41	5041	1.86	354	1.81	8678	3.90	14116	2.69
Glenn	3	0.10	148	0.05	15	0.08	260	0.12	427	0.08
Humboldt	26	0.85	650	0.24	94	0.48	727	0.33	1478	0.28
Imperial	23	0.75	812	0.30	287	1.47	1265	0.57	2381	0.45
Inyo	1	0.03	71	0.03	5	0.03	114	0.05	190	0.04
Kern	75	2.44	4374	1.62	257	1.32	6356	2.86	11271	2.15
Kings	13	0.42	615	0.23	388	1.99	1054	0.47	2084	0.40
Lake	6	0.20	183	0.07	40	0.20	333	0.15	565	0.11
Lassen	4	0.13	166	0.06	17	0.09	141	0.06	328	0.06
Los Angeles	1087	35.35	73990	27.37	6113	31.32	80954	36.40	162036	30.91
Madera	12	0.39	597	0.22	37	0.19	1340	0.60	1987	0.38
Marin	8	0.26	2012	0.74	42	0.22	573	0.26	2651	0.51
Mariposa	1	0.03	65	0.02	7	0.04	63	0.03	135	0.03
Mendocino	17	0.55	350	0.13	41	0.21	626	0.28	1025	0.20
Merced	9	0.29	1224	0.45	155	0.79	2217	1.00	3610	0.69
Modoc	2	0.07	21	0.01	1	0.01	49	0.02	98	0.02
Mono	1	0.03	55	0.02	1	0.01	61	0.03	118	0.02
Monterey	169	5.50	2844	1.05	145	0.74	3329	1.50	6720	1.28
Napa	12	0.39	1014	0.38	22	0.11	456	0.21	1499	0.29
Nevada	19	0.62	446	0.16	57	0.29	285	0.13	796	0.15
Orange	194	6.31	28790	10.65	1958	10.03	16009	7.20	47487	9.06
Placer	17	0.55	1947	0.72	55	0.28	583	0.26	2607	0.50
Plumas	0	0.00	77	0.03	8	0.04	69	0.03	156	0.03
Riverside	129	4.20	11064	4.09	1149	5.89	10845	4.88	23319	4.45
Sacramento	57	1.85	9337	3.45	404	2.07	7332	3.30	17312	3.30
San Benito	8	0.26	503	0.19	32	0.16	351	0.16	888	0.17
San Bernardino	115	3.74	13385	4.95	985	5.05	12842	5.77	28319	5.40
San Diego	252	8.20	20811	7.70	3313	16.97	13567	6.10	43255	8.25
San Francisco	75	2.44	5143	1.90	259	1.33	2753	1.24	8196	1.56
San Joaquin	21	0.68	4577	1.69	353	1.81	3757	1.69	8719	1.66
San Luis Obispo	23	0.75	1391	0.51	73	0.37	1002	0.45	2491	0.48
San Mateo	44	1.43	7234	2.68	208	1.07	2577	1.16	10050	1.92
Santa Barbara	79	2.57	2650	0.98	123	0.63	2825	1.27	5789	1.10
Santa Clara	59	1.92	19511	7.22	486	2.49	6302	2.83	26416	5.04
Santa Cruz	38	1.24	1918	0.71	130	0.67	1497	0.67	3559	0.68
Shasta	40	1.30	814	0.30	61	0.31	1111	0.50	2000	0.38
Sierra	1	0.03	4	0.00	0	0.00	8	0.00	12	0.00
Siskiyou	6	0.20	112	0.04	12	0.06	202	0.09	425	0.08
Solano	16	0.52	3118	1.15	78	0.40	1686	0.76	5475	1.04
Sonoma	17	0.55	3461	1.28	134	0.69	1776	0.80	5409	1.03
Stanislaus	24	0.78	3369	1.25	308	1.58	3078	1.38	6790	1.30
Sutter	13	0.42	517	0.19	24	0.12	599	0.27	1210	0.23
Tehama	12	0.39	234	0.09	18	0.09	370	0.17	627	0.12
Trinity	1	0.03	29	0.01	5	0.03	45	0.02	100	0.02
Tulare	47	1.53	2084	0.77	249	1.28	4587	2.06	6934	1.32
Tuolumne	9	0.29	226	0.08	13	0.07	224	0.10	467	0.09
Ventura	56	1.82	6513	2.41	237	1.21	4267	1.92	11281	2.15
Yolo	4	0.13	1137	0.42	39	0.20	913	0.41	2106	0.40
Yuba	8	0.26	230	0.09	32	0.16	576	0.26	1046	0.20
Total	3075	100.00	270325	100.00	19518	100.00	222425	100.00	524174	100.00

WHAT THE AIM PROGRAM PROVIDES

Method of Service Delivery

Currently, there are nine plans participating in the AIM Program. Eight are Health Maintenance Organizations (HMO) and one is an Exclusive Provider Organization (EPO). An HMO is an organized system that provides a set of health care services to plan subscribers in a geographic area. In an HMO, a member is required to choose a primary care provider (PCP). An EPO is a health plan whose members seek care from a list of contracting providers. An EPO does not require a member to choose a PCP. Members may also self-refer to a specialist. The Blue Cross Prudent Buyer plan is an EPO and is primarily offered in rural areas of the state. All other plans participating in the AIM Program are HMOs. Most AIM subscribers are enrolled in an HMO.

CURRENT AIM PARTICIPATING HEALTH PLANS		
Health Plan	% of Enrollees 1/96-9/98	# Of Counties in Which Plan is Available
Blue Cross California Care	35%	10 counties and portions of 4 counties
Blue Cross Prudent Buyer	18%	30 counties and portions of 9 counties
UHP Healthcare	16%	1 county
Health Net	13%	9 counties and portions of 4 counties
Kaiser Permanente North	7%	9 counties and portions of 5 counties
Kaiser Permanente South	6%	1 county and portions of 3 counties
Santa Barbara Health Authority Prenatal Plus 2	2%	1 county
Universal Care	2%	1 county
Contra Costa Health Plan	0.2%	1 county

Source: AIM Enrollment Application and Program Information 6/98

AIM Benefits

The AIM Program provides a comprehensive scope of services to subscribers. The following services are available to eligible subscribers and their infants.

TYPE OF SERVICE	DESCRIPTION OF SERVICE
Physician/Professional Services	Outpatient and inpatient physician services.
Hospital Services	Semi-private room and board, medically necessary inpatient and outpatient services and supplies, and emergency hospital services as medically necessary.
Prescription Drugs	Medically necessary prescription drugs, drugs approved by the Federal Food and Drug Administration, including prenatal vitamins.
Maternity Care	Prenatal care, inpatient delivery and complications of pregnancy.
Infant Care	Medically necessary services for subscribers' infants up to age two, including well-baby visits and immunizations.
Health Education Services	Health education services, including health education services relating to tobacco use, and drug and alcohol abuse.
Smoking Cessation Services	Program to help subscribers to quit smoking as recommended by their health plan.
Diagnostic Tests	Laboratory tests, x-rays, and mammograms.
Durable Medical Equipment	As approved by the subscribers' health plan and required for care of an illness or injury.
Mental Health Services	As approved by the subscribers' health plan up to 20 outpatient visits per year and up to 10 inpatient days per year.
Ambulance	Emergency transportation.
Speech/Physical/Occupational Therapy	As approved by the subscribers' health plan for short-term therapy of acute conditions.

Source: Title 10, California Code of Regulations, Chapter 5.6, Article 3

Program Incentives

The following features of the AIM Program provide incentives for eligible women to enroll in the Program and to assure that their infants are fully immunized.

- The cost to AIM subscribers is small. AIM subscribers are charged 2 percent of their annual gross family income for participating in the AIM Program.
- Subscribers who pay the entire required premium contribution at the time of application are given a \$50 discount on the required contribution. Since the Program's inception, approximately 6 percent of AIM subscribers have taken advantage of the discount.
- The required additional \$100 contribution at the time of the infant's first birthday is reduced to \$50 if the family documents that the infant had all first year immunizations.
- The AIM Program provides reimbursement of up to a total of \$125 for pregnancy-related medically necessary services, including pregnancy testing and prenatal visits, received prior to the date of AIM coverage, subject to the following requirements:
 - The services were received no more than 40 days before the application is approved by the Program.
 - Request for payment is submitted within 90 days of the date the services were received.

Since the Program's inception, 12 percent of AIM subscribers have taken advantage of the reimbursement. In 1998, the average amount of reimbursement per subscriber request is \$111.56.

- Unlike most insurance plans, AIM does not charge a co-payment or a deductible for services.

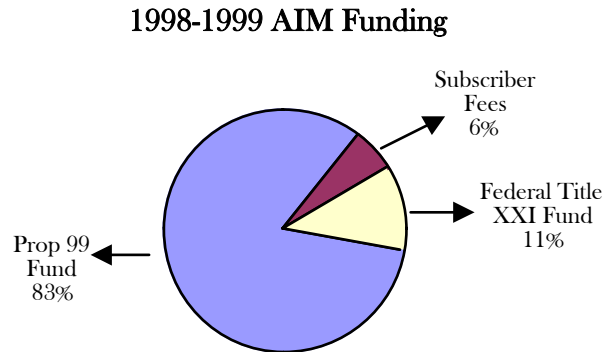


HOW THE AIM PROGRAM IS FUNDED AND ADMINISTERED

Funding

The AIM Program is funded from three sources: the Cigarette and Tobacco Tax, subscriber contributions, and more recently, federal funds from Title XXI of the Social Security Act.

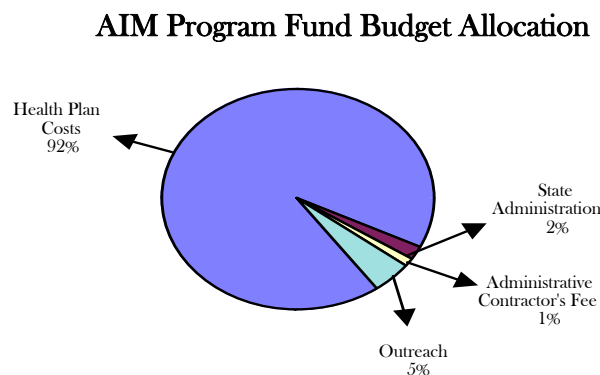
The graph below shows the distribution of revenue sources used to fund the AIM Program for the 1998-1999 fiscal year (FY).



Source: State Fiscal Year 1998-1999 AIM Fiscal Report

The total revenue for FY 1998-99 is \$41 million. Eighty-three percent of the funding is from the Proposition 99 Fund (Cigarette and Tobacco Tax Revenue); 6 percent is from subscriber fees. In 1998-1999, Federal Title XXI funds will be used to offset \$4.7 million (11 percent) of funding that was previously provided through the Cigarette and Tobacco Tax Revenue. Title XXI funds are used to pay for the costs of infants, age 2 to 12 months, who live in families with incomes between 200 and 250 percent of the fpl.

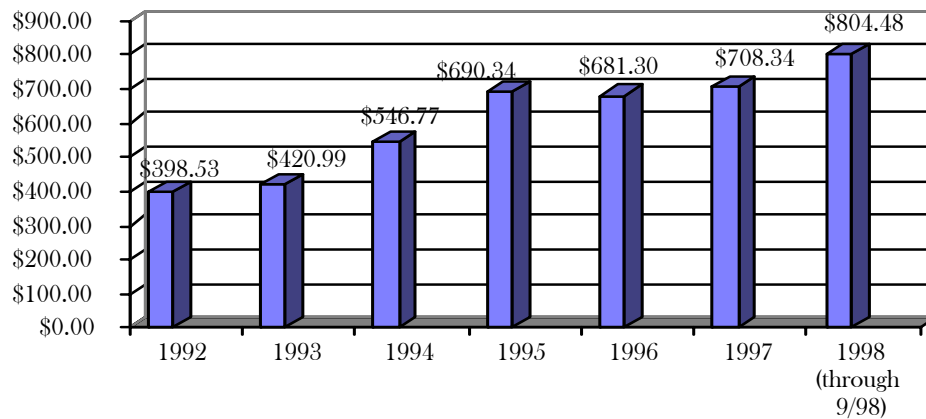
Fund Allocation



Source: Governor's Budget for State Fiscal Year 1998-1999

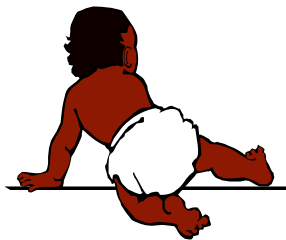
In FY 1998-99, 92 percent of AIM funds are budgeted for benefit costs; 5 percent are budgeted for outreach; and 3 percent are budgeted for state and vendor administrative fees.

AIM Subscribers' Cost To Participate



Source: AIM Enrollment Data 1/92 to 9/98

The average subscriber contribution for women enrolling in the AIM Program during calendar year 1998 was \$804.48. This average contribution is based on subscriber's total cost to participate, which is 2 percent of gross annual family income. As shown on page 16, 99 percent of AIM subscribers surveyed listed "low-cost to participate" as a positive aspect of the AIM Program. AIM subscribers may pay the fee in 12 monthly installments, or pay the entire premium up-front for a \$50 discount.



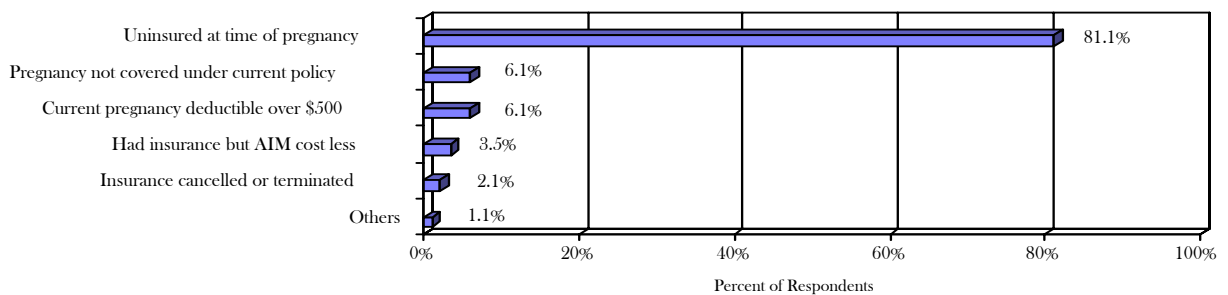
AIM PROGRAM OUTCOMES

What the AIM Subscribers Say About the Program

MRMIB contracted with an independent entity to conduct a telephone survey of 518 AIM Program subscribers during the month of August 1998. The survey was conducted in both English and Spanish. The purpose of the survey is to help MRMIB learn more about how subscribers felt about the AIM Program and to help the Program improve its services.

- Women enroll in AIM because they are uninsured.

Reasons Women Enroll In AIM

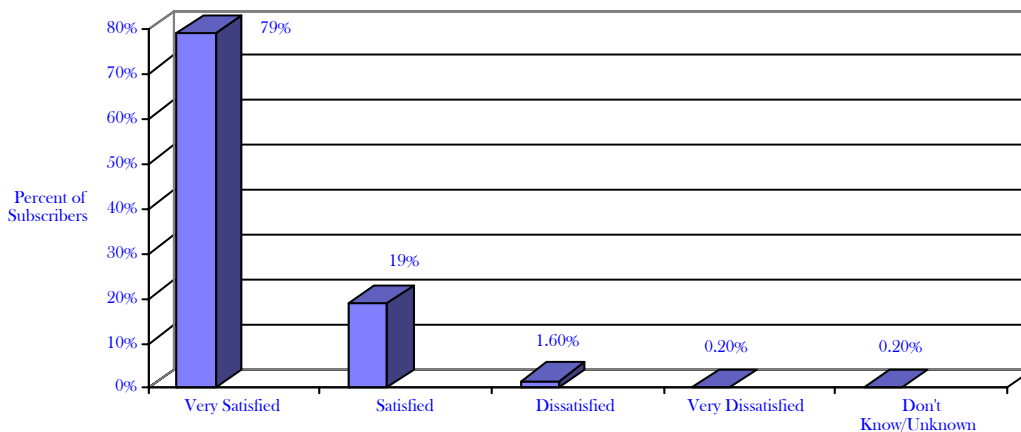


Source: AIM Survey Data, 1998

The AIM Program is serving women who would otherwise be uninsured for their pregnancy-related costs. Over 81 percent of AIM women surveyed stated that they enrolled in AIM because they were uninsured.

- AIM subscribers are very satisfied with the AIM Program

Overall Satisfaction With The AIM Program



Source: AIM Survey Data, 1998

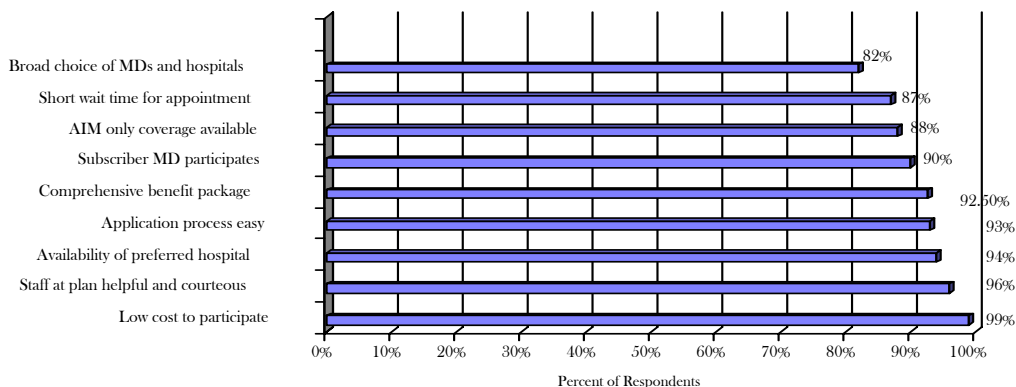
Ninety-eight percent of the AIM survey respondents indicated that they were very satisfied or satisfied with the AIM Program overall. Less than 2 percent indicated that they were not satisfied.

The 2 percent of women who indicated that they were not satisfied with the AIM Program have the following reasons for their dissatisfaction:

Reasons for Dissatisfaction	Number of Respondents
Limited choice of providers	4
Do not like hospital choices	4
Health benefits needed are not provided	3
Staff at Health Care Alternatives are not helpful	3
Do not like doctor	2
Staff at health plan not helpful	2
Couldn't get an appointment when needed one	1
Have to travel too far to get to doctor	1

- The “low cost to participate” is the most frequently mentioned positive aspect of the AIM Program.

Positive Aspects Of The AIM Program



Source: AIM Survey Data 1998

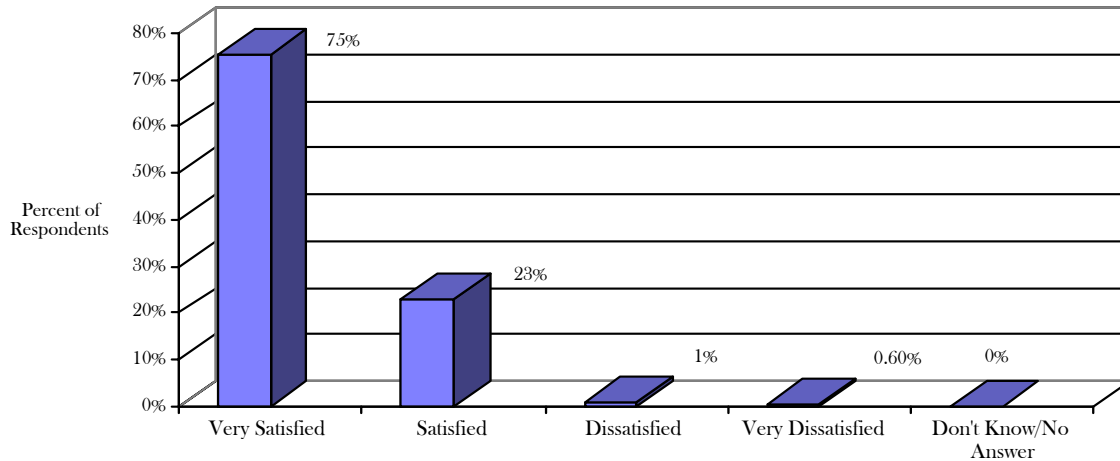
Note: Total of percentages is more than 100 because women surveyed were asked to list all positive aspects of the Program.

Ninety-nine percent of the members surveyed listed “low cost to participate,” 96 percent listed “helpfulness and courteousness of the health plan staff,” and 94 percent listed “availability of hospital of choice for delivery,” as positive aspects of the Program.



- Most AIM subscribers are very satisfied or satisfied with the health care they receive through the AIM Program. Less than 2 percent are not satisfied.

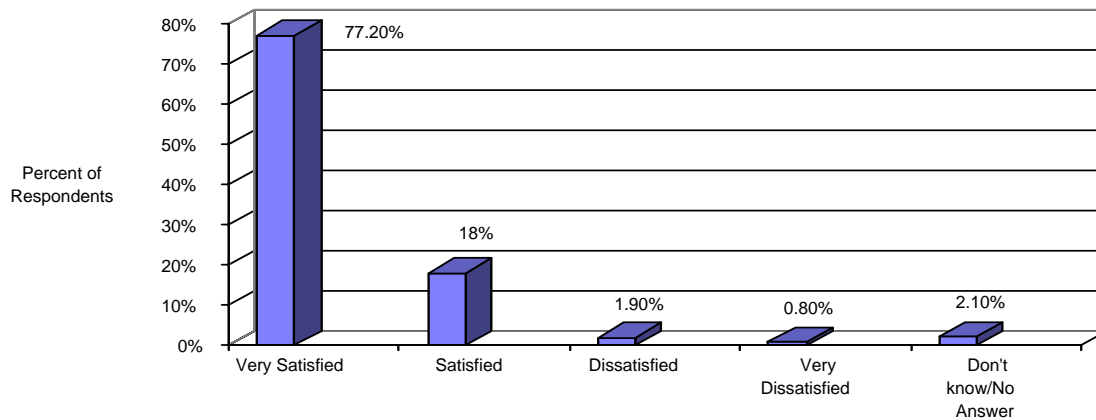
AIM Mothers' Satisfaction With Health Care



Source: AIM Survey Data, 1998

- Most AIM subscribers are very satisfied or satisfied with their infants' medical care while enrolled in the AIM Program. Less than 3 percent are not satisfied.

Satisfaction With Infant's Medical Care



Source: AIM Survey Data, 1998

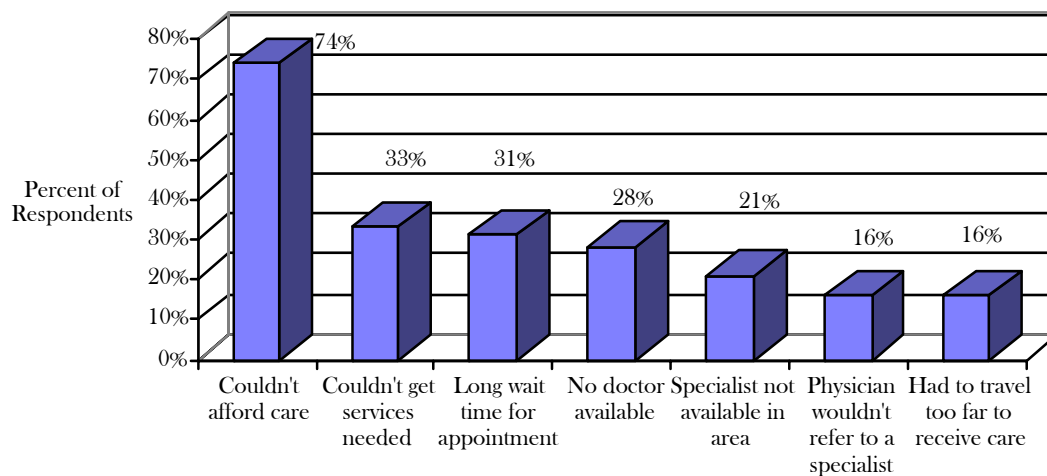
Ninety-nine percent of AIM subscribers indicated that they were satisfied with the health care that their infants receive through the AIM Program. Less than 3 percent indicated that they were dissatisfied with their infant's medical care.

Of the 3 percent of respondents that indicated that they were dissatisfied with their infant's medical care, the following reasons were given:

Reasons for Dissatisfaction	Number of Respondents
Do not like the infant's doctor	8
Can't get an appointment when the baby needs one	8
Health benefits that baby needs are not provided	6
Staff at health plan not helpful	5
Specialist baby needs not available	3
Have to travel too far to get to the doctor	2
Baby is discriminated against due to being enrolled in the Program	2
Price too high	1

- Prior to enrolling in AIM, most subscribers could not afford medical care.

Access Problems Women Had Prior To Joining AIM



Source: AIM Survey Data, 1998

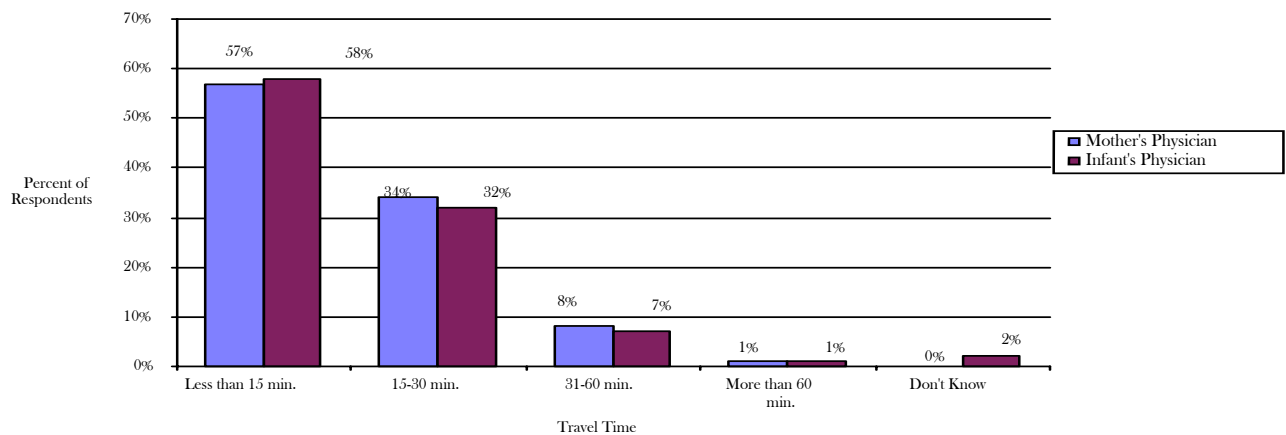
When asked about the barriers they may have experienced in seeking care prior to enrolling in the AIM Program, 74 percent of subscribers surveyed indicated that they “couldn’t afford care.” Thirty-three percent of AIM subscribers indicated they couldn’t get needed medical services prior to enrolling in the AIM Program.

Note: The percentages exceed 100 because women surveyed were asked to list all access problems they experienced in getting medical care prior to joining the AIM Program.

- **Travel time does not appear to be a barrier to obtaining medical care for AIM subscribers or for their infants.**

Ninety-one percent of AIM subscribers report travelling 30 minutes or less to obtain medical care for themselves and for their infants while enrolled in the AIM Program. Ninety-four percent indicated that the travel time is acceptable.

Travel Time To Physician's Offices

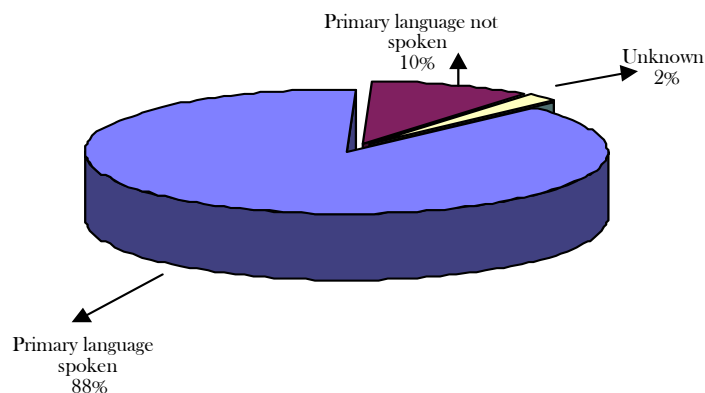


Source: AIM Survey Data, 1998

- **Language does not appear to be a significant barrier to obtaining medical care in the AIM Program.**

When asked if the staff in the doctor's office spoke the same language as the subscriber, 88 percent responded positively, and 10 percent responded negatively. This is an indication that in the AIM Program, language does not appear to be a major barrier to obtaining medical care.

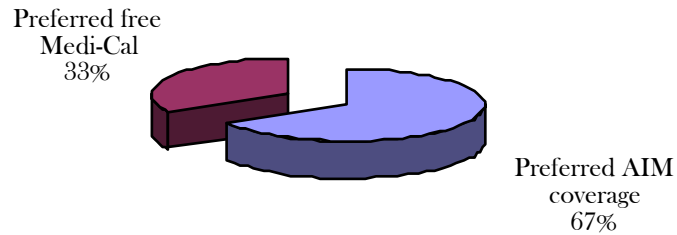
Language Barriers At Physician's Offices



Source: AIM Survey Data, 1998

- AIM subscribers prefer paying for their insurance to applying for Medi-Cal.

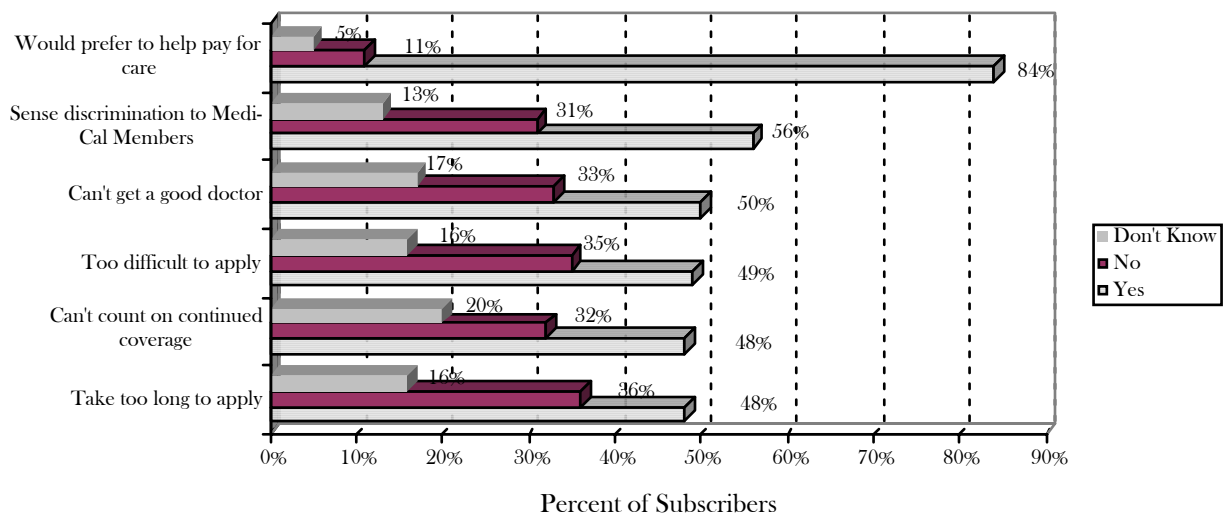
AIM Subscribers' Health Coverage Preference



Source: AIM Survey Data 1998

When asked if they would prefer to receive coverage in the no-cost Medi-Cal program, the majority of AIM subscribers stated that they preferred to receive coverage through the AIM Program.

Reasons Medi-Cal Is Not Preferred



Source: AIM Survey Data 1998

When asked why they prefer AIM coverage to the no-cost Medi-Cal program, the majority of the subscribers stated that they prefer to pay for their care and sense that there is discrimination toward Medi-Cal members.

From the Voice of the AIM Subscribers

The following are excerpts from unsolicited letters from AIM Program participants:

May 1, 1996

"I have two children, 8 and 16 and just discovered a few weeks ago that I was pregnant! We have our own private insurance and since I am 39, I never worried about the maternity care it offered because a new baby was not really planned. Needless to say, I was shocked to discover that our deductible is \$3,000 for maternity. That's when I panicked. That same day, I was told about AIM. What a godsend! Not only was it a blessing to find this Program but to find that it is staffed with caring individuals who don't make you feel bad for needing it. I just want to say thank you very much".

September 6, 1996

"To Whom It May Concern,

As you are aware, this is my final payment on my monthly payment plan. I would like to thank you very much for the Program that you offer. I cannot express enough how much this has helped me during my pregnancy. I would like to thank all of your staff for the kind service they gave me when I needed to call for answers. They were very kind and helpful. I think it is wonderful for a company to offer a program for women that are pregnant and need assistance."

February 18, 1997

"To the Managers and Staff of the AIM Program,

I just wanted to take a minute to write a letter telling you how much the AIM Program has meant to myself and my family. We did not have insurance with my job when I was pregnant with my son. Although I had the money to pay for insurance, none of the insurance companies would insure me. I did not know what I would do or how I would pay the high medical bills from my pregnancy and delivery. AIM was mentioned to me by my doctor and it was perfect for us. I just want you to know that I think it is a wonderful program and I hope it will be available for other hard-working mothers in the future."

June 22, 1998

"Dear AIM and Healthcare Alternatives,

I am writing to inform you that as of August first, my family will no longer be living in California. I would just like to take this opportunity to thank you very much for the Program. My son has received such excellent care through the provision of AIM. I am sorry we are unable to stay with the Program. Thank you for all your work and help over the last year to insure my son's safe and healthy delivery. You are doing a good thing and I am glad to have been a part of it."

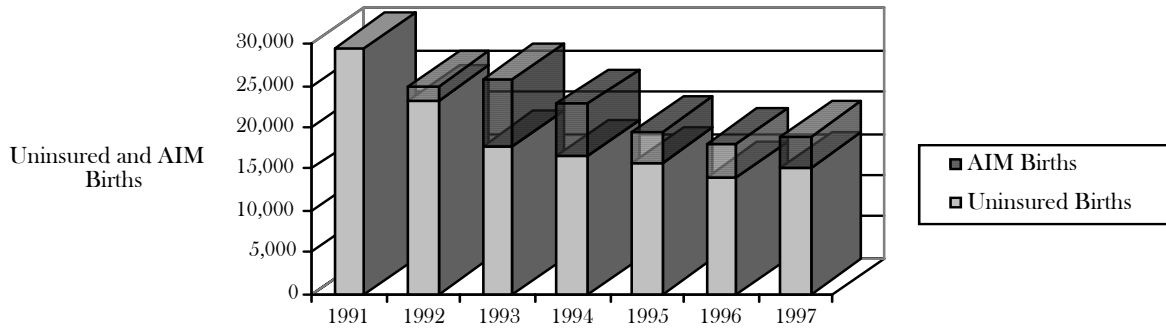
October 28, 1998

"To Whom It May Concern,

I just want to express how I feel about your services (very good). I just want to thank all of the members of the "AIM Program" for the wonderful services that I received when I really needed them. God bless you all!"

In addition to subscriber's satisfaction with the Program, the AIM Program has reduced the number of uninsured births in the state. By reducing the number of uninsured births by approximately 20 percent, the Program has contributed to the legislative goal of reducing the number of uninsured births in the state.

Uninsured Births And AIM Births: 1991-1997



Sources: DHS Vital Statistics and AIM Enrollment Data

Year	Number of Uninsured Births	Uninsured as a Percent of all CA Births	Number of AIM Births
1991	29,522	4.84%	N/A
1992	23,216	3.86%	1,655
1993	17,670	3.02%	8,199
1994	16,627	2.93%	6,141
1995	15,822	2.87%	3,659
1996	14,006	2.60%	4,112
1997	15,161	2.89%	3,624

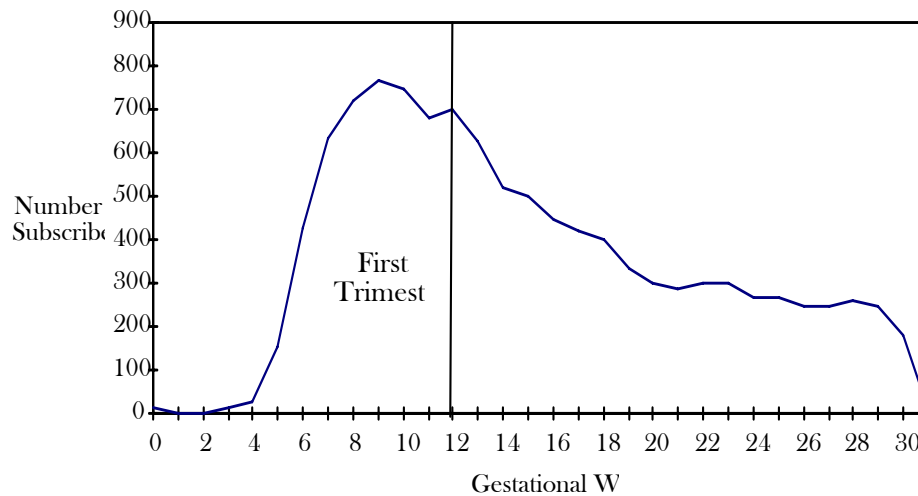
Sources: DHS Vital Statistics and AIM Enrollment Data

Note: It is unknown how many of the remaining uninsured births would qualify for the AIM Program. 1997 DHS data shows that 2.89 percent of all births in California are uninsured.



- **Women who enroll in the AIM Program enter the Program early in their pregnancy and therefore have access to timely prenatal care.**

Gestational Age At Enrollment



Source: AIM Enrollment Data, 1/96 to 9/98

A key component in determining pregnancy and birth outcomes is timeliness of prenatal and medical care *. It is recommended that prenatal care visits begin in the first trimester **. Forty-four percent of AIM subscribers entered the Program during their first trimester of pregnancy. The majority of women enrolled in the AIM Program entered the Program at between the seventh and twelfth week of their pregnancy.

Source: * County Health Status Profiles, 1998

**The American Academy of Pediatrics-American College of Obstetricians and Gynecologists, Guidelines for Prenatal Care, 2nd ed., 1988

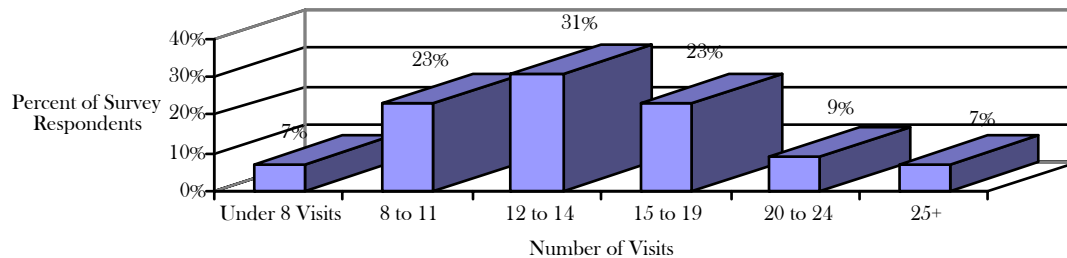
- **AIM subscribers have access to prenatal care services.**

Getting prenatal care during pregnancy is very important. Prenatal care greatly helps a pregnant woman and her baby because a problem that affects the mother's or baby's health can be identified. The number of prenatal visits is one of the factors of adequate prenatal care. Ninety-three percent of AIM women have eight or more prenatal visits. Although it is recommended that prenatal visits increase in frequency especially in the last part of the third trimester, the number and frequency of prenatal visits must be based on the risk assessment of each woman's pregnancy.

Sources: The American Academy of Pediatrics-The College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, 2nd ed., 1988

This graph shows the percentages of women and the combined number of prenatal visits before and after joining the AIM Program.

Number of Prenatal Care Visits Received By AIM Subscribers



Source: AIM Survey Data 1998

- **Infants enrolled in the AIM Program appear to receive full immunizations at rates higher than California children do overall.**

According to the 1997 United States National Immunization Survey, 74 percent of California children less than three years old are fully immunized. Approximately 91 percent of AIM infants who were born in 1996 and 1997 were fully immunized for the first year of their lives. The Year 2000 National Objective is to increase, to 90 percent, the proportion of children who complete the basic immunization requirements by age two.

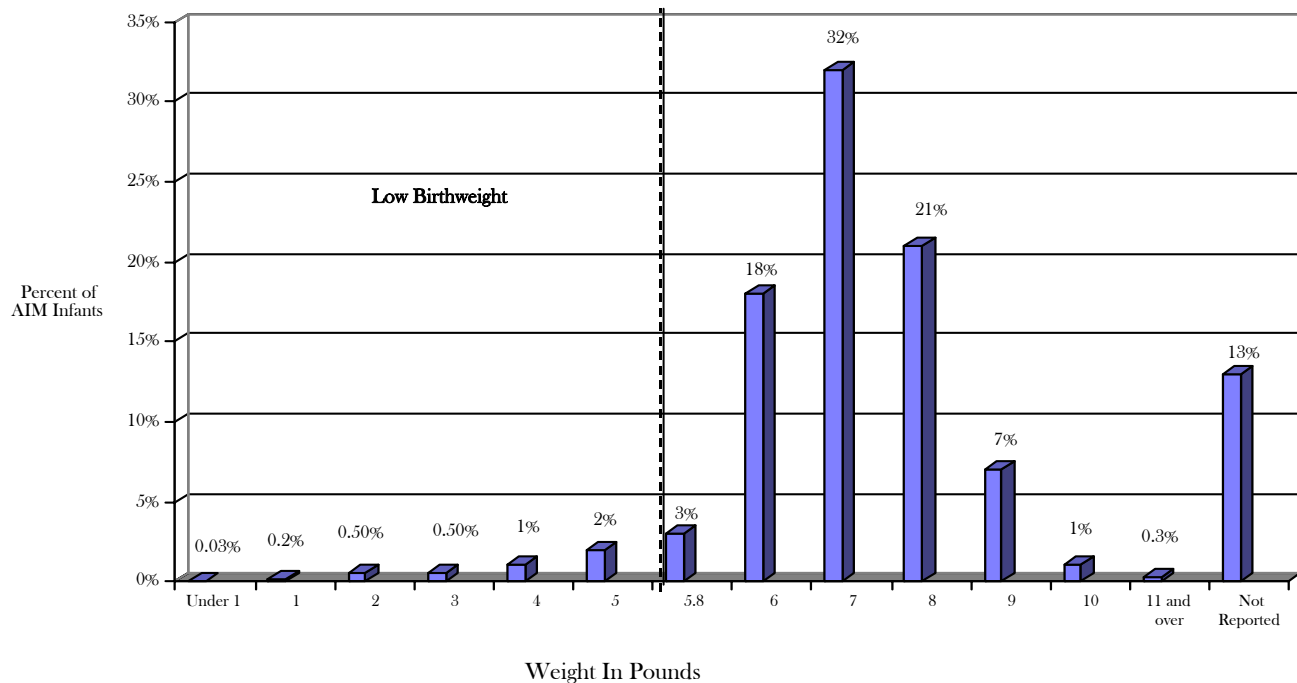
The AIM Program provides an incentive to families who provide documentation that their infants' immunizations are up-to-date on the infants' first birthday by discounting the second year fee from \$100 to \$50. To obtain the percentage of AIM children who have obtained full, first year immunizations, the number of children whose families provided documentation of first year immunizations was divided by the total number of infants born the same year as the children who have complete immunizations and multiplied by 100.

Note: In order to validate the data, two MRMIB staff reviewed the files of 200 randomly selected AIM subscribers whose infants were born in 1996 and 1997. The files revealed that all subscribers, except one, who enrolled their infants for a second year of coverage and paid the \$50 enrollment fee, had provided copies of complete immunization records for their infants. Only one subscriber had an immunization record showing only two diphtheria/pertussis/tetanus shots instead of the required three shots.

Source: AIM Contractor's Data 1996-1998
 United States, National Immunization Survey, 1997
 Plan for the Maternal and Child Health Year 2000 Objectives

- The birthweights of infants born to women enrolled in the AIM Program indicate positive outcome.

Birthweight Of AIM Infants



Source: AIM Enrollment Data 1/96 To 9/98

Birthweight is a major indicator of the health status of infants at birth. Low birthweight (birthweight under 2500 grams or less than 5 pounds 8 ounces)* has been associated with negative birth outcomes and infant mortality. Reducing chances of infant mortality and improving birth outcomes depend to a large extent on improving birthweight. AIM data on infant weights show that approximately 4.3 percent of infants born to women enrolled in the AIM Program had low birthweights. The Year 2000 National Objective is to reduce the percent of babies born at low birthweight to 5 percent of all births **.

Note: Percentage may not add up to 100% because of rounding.

Sources: *Pregnancy Risk Assessment Monitoring System (PRAMS) 1994
 **Plan For The Maternal and Child Health Year 2000 Objectives

Outreach

The AIM Program's outreach efforts take on a multi-facet approach to informing the public about the California's insurance program for uninsured pregnant women. The challenge of identifying women less than 30 weeks pregnant, who are uninsured, and whose income falls between 200 and 300 percent of the federal poverty level, is accomplished by targeting events, locations and services that attract pregnant women. Outreach efforts are also geared towards individuals and groups who may come in contact with pregnant women, entities eligible to receive the \$50 application assistance fee, and the general public. The following achievements are a representation of the outreach measures used to enhance the AIM Program's visibility and increase enrollment.

Business

- AIM display at retail infant and maternity stores
- Target businesses that do not provide health insurance and who employ a large number of part-time workers via employee payroll inserts
- Work site health fairs

Community Based Organizations

- Article in newsletters
- Inclusion in referral directories and telephone hotline numbers
- Collaborative cross referrals and participation in sponsored events

Government

- Training sessions geared towards public health centers and Medi-Cal Eligibility units in county social services departments
- Information provided through the WIC (Women, Infants and Children Supplemental Nutrition Program) toll-free information line, the Baby Cal campaign, and the toll-free number for the Healthy Families Program applications

Health Care Providers

- Display of AIM marketing materials, including application and brochure
- Application assistant training

Insurance Agents & Brokers

- Conducting AIM Workshops for Continuing Education Units (CEU)
- Attendance at state and local insurance conventions

Media

- Appearance on local radio and television programs
- Contribution to local and statewide print media outlets
- Development of press releases and public service announcements
- Radio advertisements

Schools

- Distribution of AIM information in take-home packets for children enrolled in elementary and preschools
- Display marketing materials at libraries and health centers of college campuses
- Distribution of AIM information via Parent Teacher Associations (PTA)

The Managed Risk Medical Insurance Board contracts with three organizations that provide community-based outreach efforts: California Health Collaborative, National Health Foundation, and Managed Care Solutions, Inc. MOB Media, Inc. is the agency under contract to identify and purchase advertisement for the AIM Program statewide. Each contractor has developed successful strategies of outreach to California's large and diverse population.

California Health Collaborative

The California Health Collaborative (CHC) developed a Continuing Education Unit (CEU) AIM Workshop for insurance agents and CHC staff became the first instructors certified by the Department of Insurance (DOI) to present the AIM Workshop. CHC was awarded a grant from Contra Costa County for the production of an AIM Public Service Announcement being aired on television stations statewide. CHC received a Kaiser Permanente Community Service Project Award that provided funding for production and airing costs of a 30-second television spot and a billboard announcement. CHC's outreach efforts target the following counties:

Alameda	Madera	San Mateo
Alpine	Marin	Santa Clara
Amador	Mariposa	Santa Cruz
Butte	Mendocino	Shasta
Calaveras	Merced	Sierra
Colusa	Modoc	Siskiyou
Contra Costa	Mono	Solano
Del Norte	Monterey	Sonoma
El Dorado	Napa	Stanislaus
Fresno	Nevada	Sutter
Glenn	Placer	Tehama
Humboldt	Plumas	Trinity
Inyo	Sacramento	Tulare
Kern	San Benito	Tuolumne
Kings	San Francisco	Yolo
Lake	San Joaquin	Yuba
Lassen	San Luis Obispo	

National Health Foundation

The National Health Foundation (NHF) has designed and implemented several programs focusing on uninsured families and has been involved in outreach programs since the early 1990s. With a philosophy of continuous learning and improvement, NHF designs its activities to complement each other. Its Consumer Health Information Preference Survey, conducted in August 1998 confirmed the current focus of its AIM staff on working with physicians, clinics and insurance brokers. Also in the past year, NHF has been successful in getting AIM information integrated into all Los Angeles County Department of Health Services and Department of Social Services eligibility worker training, thereby supplementing AIM's own outreach efforts. NHF's outreach efforts target the following counties:

Los Angeles	Riverside	Santa Barbara
Orange	San Bernardino	Ventura

Managed Care Solutions, Inc.

Managed Care Solutions, Inc. (MCS) shares the distinction of working closely with a sister MCS Program, the Perinatal Care Network (PCN) Referral Services of San Diego County. This collaborative, cross-referral system has been instrumental in enrolling pregnant women into AIM, Medi-Cal, and other pregnancy related programs. MCS' outreach efforts target the California/Mexico border counties of Imperial and San Diego, and helps to manage the statewide media campaign.

Mob Media, Inc.

MOB Media's recommendations have materialized into a campaign that offers the largest potential return on investment. Mob Media's experience in advertisement affords the AIM Program with value-added opportunities, such as free airtime coverage on radio shows, and editorial coverage in newspapers and magazines. The current AIM media campaign encompasses the following:

Advertisements

- Regional parent publications in English and Spanish
- Expectant mother publications in English and Spanish
- Regional and local newspapers in Chinese, English, Korean, Spanish, Vietnamese, and publications that target African-Americans
- Hispanic business magazine
- Statewide health underwriters magazine
- Bay Area Regional Transit (BART) billboards
- Regional billboards

Other Marketing Avenues

- Grocery store AIM information coupons (triggered by pregnancy-related products), and shopping cart placards
- Pharmacy bag notices
- Regional movie theater advertisements
- Radio
Regional radio spots in English and Spanish
- Television
Regional public service announcements in English and Spanish

Application Assistance Fees

The AIM Program pays certain individuals and entities a \$50 fee for assisting pregnant women in completing the AIM application. This amount is paid to an eligible individual or entity if 1) the pregnant woman is successfully enrolled in the AIM Program and 2) the application assistance form is completed.

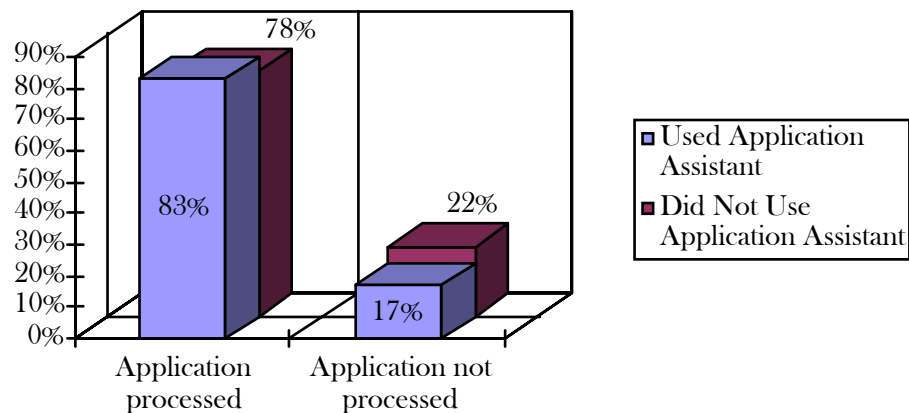
AIM applicants can choose from a number of qualified application assistants. The application assistants that are most commonly used by AIM applicants are shown below.

COMMONLY USED APPLICATION ASSISTANTS

Application Assistants	Percentage of Applicants Using Assistants
Licensed Insurance Agents/Brokers	45%
Medical Doctors	25%
General Acute Care Hospitals	16%
Registered Nurses	5%
Licensed Primary Care Community Clinics	4%
AIM Health Plans	3%
County Health Departments	0.8%
Licensed Day Care Operators	0.4%
Doctors Of Osteopathy	0.3%
State Maternal and Child Health Contractors	0.2%
Chiropractors	0.2%
County Welfare Departments	0.1%

Since AIM's inception, 36 percent of AIM applicants have used the application assistance program. Applicants using the assistance program had a higher rate of success in having their applications processed than those applicants that did not use the assistance program.

Success Rates Of Processed Applications From Applicants Using The Assistance Program



Source: AIM Enrollment Database

DATA and INFORMATION SOURCES

There were several sources of data and information that were used to compile this report. Information was obtained from AIM contractors, internal program reports, and the Department of Health Services.

- The AIM contractors providing information for this report included:
 - Participating health plans
 - Health Care Alternatives, the AIM Program administrative vendor
 - PriceWaterhouse Coopers (managed the independent survey of AIM subscribers through a subcontract)
 - Information provided by AIM Outreach Contractors.
- Internal reports used for this report included:
 - AIM Enrollment Data (data extracted from AIM enrollees' application)
 - AIM Fiscal Reports (monthly reports detailing revenues and expenditures for the Program)
 - AIM Handbook, April 1997 - March 1998
 - AIM Enrollment Application and Program Information, June 1998
 - AIM Factbook, February, 1997
- Information provided by the Department of Health Services (DHS) were:
 - DHS Vital Statistics - information provided by the Department of Health Services Health Information and Strategic Planning Branch, Center for Health Statistics, Vital Statistics Section.
 - Pregnancy Risk Assessment Monitoring Systems (PRAMS) 1994, Epidemiology and Evaluation Section, Maternal and Child Health Branch, California Department of Health Services
 - County Health Status Profiles 1998, California Department of Health Services
 - Plan for Maternal and Child Health Year 2000 Objectives, Maternal and Child Health Branch, Department of Health Services, August, 1991

- Other sources of information contained in this report included:
 - The American Academy of Pediatrics --The American College of Obstetricians and Gynecologists, Guidelines for Prenatal Care, 2nd ed., 1988
 - Title 10, California Code of Regulations, Chapter 5.6, Article 3
 - United States, National Immunization Survey, 1997
 - The 1998-99 Governor's Budget